

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$3,033,010	\$4,142,244	\$1,109,234	37%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$8,626,274	\$7,869,668	(\$756,606)	-9%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,163,240	\$1,154,583	(\$8,657)	-1%
8	Prepaid Expenses	\$1,256,714	\$1,147,109	(\$109,605)	-9%
9	Other Current Assets	\$307,377	\$307,732	\$355	0%
	Total Current Assets	\$14,386,615	\$14,621,336	\$234,721	2%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,164,546	\$3,283,243	\$118,697	4%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$1,818,781	\$1,806,257	(\$12,524)	-1%
	Total Noncurrent Assets Whose Use is Limited:	\$4,983,327	\$5,089,500	\$106,173	2%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$2,523,346	\$2,868,975	\$345,629	14%
7	Other Noncurrent Assets	\$1,120,122	\$724,807	(\$395,315)	-35%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$55,001,245	\$57,976,953	\$2,975,708	5%
2	Less: Accumulated Depreciation	\$31,022,924	\$34,378,475	\$3,355,551	11%
	Property, Plant and Equipment, Net	\$23,978,321	\$23,598,478	(\$379,843)	-2%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$23,978,321	\$23,598,478	(\$379,843)	-2%
	Total Assets	\$46,991,731	\$46,903,096	(\$88,635)	0%

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LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$2,939,193	\$5,340,005	\$2,400,812	82%
2	Salaries, Wages and Payroll Taxes	\$2,911,626	\$2,629,814	(\$281,812)	-10%
3	Due To Third Party Payers	\$1,278,325	\$1,071,475	(\$206,850)	-16%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$342,500	\$342,500	\$0	0%
7	Other Current Liabilities	\$28,396	\$7,017,456	\$6,989,060	24613%
	Total Current Liabilities	\$7,500,040	\$16,401,250	\$8,901,210	119%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$12,843,750	\$12,501,250	(\$342,500)	-3%
	Total Long Term Debt	\$12,843,750	\$12,501,250	(\$342,500)	-3%
3	Accrued Pension Liability	\$22,989,424	\$0	(\$22,989,424)	-100%
4	Other Long Term Liabilities	\$20,369,283	\$9,266,631	(\$11,102,652)	-55%
	Total Long Term Liabilities	\$56,202,457	\$21,767,881	(\$34,434,576)	-61%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$20,718,900)	\$4,607,135	\$25,326,035	-122%
2	Temporarily Restricted Net Assets	\$0	\$0	\$0	0%
3	Permanently Restricted Net Assets	\$4,008,134	\$4,126,830	\$118,696	3%
	Total Net Assets	(\$16,710,766)	\$8,733,965	\$25,444,731	-152%
	Total Liabilities and Net Assets	\$46,991,731	\$46,903,096	(\$88,635)	0%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$195,580,846	\$151,379,874	(\$44,200,972)	-23%
2	Less: Allowances	\$132,235,283	\$89,762,915	(\$42,472,368)	-32%
3	Less: Charity Care	\$559,676	\$280,655	(\$279,021)	-50%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$62,785,887	\$61,336,304	(\$1,449,583)	-2%
5	Other Operating Revenue	\$54,542	\$252,845	\$198,303	364%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$62,840,429	\$61,589,149	(\$1,251,280)	-2%
B. Operating Expenses:					
1	Salaries and Wages	\$26,737,157	\$26,664,936	(\$72,221)	0%
2	Fringe Benefits	\$7,028,510	\$8,387,477	\$1,358,967	19%
3	Physicians Fees	\$212,632	\$387,251	\$174,619	82%
4	Supplies and Drugs	\$7,709,947	\$9,882,840	\$2,172,893	28%
5	Depreciation and Amortization	\$2,971,658	\$3,172,136	\$200,478	7%
6	Bad Debts	\$5,104,950	\$2,544,297	(\$2,560,653)	-50%
7	Interest	\$845,087	\$592,676	(\$252,411)	-30%
8	Malpractice	\$421,101	\$322,204	(\$98,897)	-23%
9	Other Operating Expenses	\$15,365,938	\$15,730,918	\$364,980	2%
	Total Operating Expenses	\$66,396,980	\$67,684,735	\$1,287,755	2%
	Income/(Loss) From Operations	(\$3,556,551)	(\$6,095,586)	(\$2,539,035)	71%
C. Non-Operating Revenue:					
1	Income from Investments	\$88,502	\$450,042	\$361,540	409%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$88,502	\$450,042	\$361,540	409%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$3,468,049)	(\$5,645,544)	(\$2,177,495)	63%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$2,376,932)	\$33,017,171	\$35,394,103	-1489%
	Total Other Adjustments	(\$2,376,932)	\$33,017,171	\$35,394,103	-1489%
	Excess/(Deficiency) of Revenue Over Expenses	(\$5,844,981)	\$27,371,627	\$33,216,608	-568%
	Principal Payments	\$715,486	\$484,562	(\$230,924)	-32%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$45,504,217	\$35,797,385	(\$9,706,832)	-21%
2	MEDICARE MANAGED CARE	\$6,338,778	\$7,018,090	\$679,312	11%
3	MEDICAID	\$2,226,464	\$3,664,534	\$1,438,070	65%
4	MEDICAID MANAGED CARE	\$3,082,158	\$3,092,959	\$10,801	0%
5	CHAMPUS/TRICARE	\$423,693	\$253,020	(\$170,673)	-40%
6	COMMERCIAL INSURANCE	\$407,077	\$445,621	\$38,544	9%
7	NON-GOVERNMENT MANAGED CARE	\$20,827,413	\$15,504,223	(\$5,323,190)	-26%
8	WORKER'S COMPENSATION	\$282,462	\$352,198	\$69,736	25%
9	SELF- PAY/UNINSURED	\$2,666,773	\$734,342	(\$1,932,431)	-72%
10	SAGA	\$1,304,309	\$712,436	(\$591,873)	-45%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$83,063,344	\$67,574,808	(\$15,488,536)	-19%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$29,513,340	\$20,613,356	(\$8,899,984)	-30%
2	MEDICARE MANAGED CARE	\$5,963,428	\$5,734,884	(\$228,544)	-4%
3	MEDICAID	\$2,497,889	\$2,525,676	\$27,787	1%
4	MEDICAID MANAGED CARE	\$6,931,078	\$6,442,304	(\$488,774)	-7%
5	CHAMPUS/TRICARE	\$652,602	\$509,289	(\$143,313)	-22%
6	COMMERCIAL INSURANCE	\$1,530,238	\$1,335,478	(\$194,760)	-13%
7	NON-GOVERNMENT MANAGED CARE	\$56,551,295	\$41,451,908	(\$15,099,387)	-27%
8	WORKER'S COMPENSATION	\$2,452,882	\$1,883,810	(\$569,072)	-23%
9	SELF- PAY/UNINSURED	\$4,781,994	\$2,311,753	(\$2,470,241)	-52%
10	SAGA	\$1,642,756	\$996,601	(\$646,155)	-39%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$112,517,502	\$83,805,059	(\$28,712,443)	-26%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$75,017,557	\$56,410,741	(\$18,606,816)	-25%
2	MEDICARE MANAGED CARE	\$12,302,206	\$12,752,974	\$450,768	4%
3	MEDICAID	\$4,724,353	\$6,190,210	\$1,465,857	31%
4	MEDICAID MANAGED CARE	\$10,013,236	\$9,535,263	(\$477,973)	-5%
5	CHAMPUS/TRICARE	\$1,076,295	\$762,309	(\$313,986)	-29%
6	COMMERCIAL INSURANCE	\$1,937,315	\$1,781,099	(\$156,216)	-8%
7	NON-GOVERNMENT MANAGED CARE	\$77,378,708	\$56,956,131	(\$20,422,577)	-26%
8	WORKER'S COMPENSATION	\$2,735,344	\$2,236,008	(\$499,336)	-18%
9	SELF- PAY/UNINSURED	\$7,448,767	\$3,046,095	(\$4,402,672)	-59%
10	SAGA	\$2,947,065	\$1,709,037	(\$1,238,028)	-42%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$195,580,846	\$151,379,867	(\$44,200,979)	-23%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$12,280,933	\$12,127,091	(\$153,842)	-1%
2	MEDICARE MANAGED CARE	\$1,746,428	\$2,376,878	\$630,450	36%
3	MEDICAID	\$649,237	\$1,188,539	\$539,302	83%
4	MEDICAID MANAGED CARE	\$744,646	\$868,441	\$123,795	17%
5	CHAMPUS/TRICARE	\$39,949	\$96,517	\$56,568	142%
6	COMMERCIAL INSURANCE	\$309,925	\$228,180	(\$81,745)	-26%
7	NON-GOVERNMENT MANAGED CARE	\$8,128,207	\$8,714,722	\$586,515	7%
8	WORKER'S COMPENSATION	\$287,209	\$281,851	(\$5,358)	-2%
9	SELF- PAY/UNINSURED	\$26,382	\$62,740	\$36,358	138%
10	SAGA	\$148,039	\$147,935	(\$104)	0%
11	OTHER	\$0	\$0	\$0	0%

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FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
	TOTAL INPATIENT NET REVENUE	\$24,360,955	\$26,092,894	\$1,731,939	7%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$5,979,453	\$5,423,543	(\$555,910)	-9%
2	MEDICARE MANAGED CARE	\$1,182,204	\$1,589,532	\$407,328	34%
3	MEDICAID	\$561,775	\$380,810	(\$180,965)	-32%
4	MEDICAID MANAGED CARE	\$1,614,741	\$1,832,958	\$218,217	14%
5	CHAMPUS/TRICARE	\$113,167	\$215,804	\$102,637	91%
6	COMMERCIAL INSURANCE	\$1,024,658	\$909,911	(\$114,747)	-11%
7	NON-GOVERNMENT MANAGED CARE	\$24,912,607	\$23,321,310	(\$1,591,297)	-6%
8	WORKER'S COMPENSATION	\$2,129,173	\$1,234,189	(\$894,984)	-42%
9	SELF- PAY/UNINSURED	\$792,161	\$158,606	(\$633,555)	-80%
10	SAGA	\$114,993	\$176,535	\$61,542	54%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$38,424,932	\$35,243,198	(\$3,181,734)	-8%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$18,260,386	\$17,550,634	(\$709,752)	-4%
2	MEDICARE MANAGED CARE	\$2,928,632	\$3,966,410	\$1,037,778	35%
3	MEDICAID	\$1,211,012	\$1,569,349	\$358,337	30%
4	MEDICAID MANAGED CARE	\$2,359,387	\$2,701,399	\$342,012	14%
5	CHAMPUS/TRICARE	\$153,116	\$312,321	\$159,205	104%
6	COMMERCIAL INSURANCE	\$1,334,583	\$1,138,091	(\$196,492)	-15%
7	NON-GOVERNMENT MANAGED CARE	\$33,040,814	\$32,036,032	(\$1,004,782)	-3%
8	WORKER'S COMPENSATION	\$2,416,382	\$1,516,040	(\$900,342)	-37%
9	SELF- PAY/UNINSURED	\$818,543	\$221,346	(\$597,197)	-73%
10	SAGA	\$263,032	\$324,470	\$61,438	23%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$62,785,887	\$61,336,092	(\$1,449,795)	-2%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,591	1,457	(134)	-8%
2	MEDICARE MANAGED CARE	216	276	60	28%
3	MEDICAID	119	182	63	53%
4	MEDICAID MANAGED CARE	285	327	42	15%
5	CHAMPUS/TRICARE	22	20	(2)	-9%
6	COMMERCIAL INSURANCE	43	38	(5)	-12%
7	NON-GOVERNMENT MANAGED CARE	1,169	1,047	(122)	-10%
8	WORKER'S COMPENSATION	7	12	5	71%
9	SELF- PAY/UNINSURED	114	46	(68)	-60%
10	SAGA	52	32	(20)	-38%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	3,618	3,437	(181)	-5%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	9,453	9,192	(261)	-3%
2	MEDICARE MANAGED CARE	1,170	1,591	421	36%
3	MEDICAID	756	1,112	356	47%
4	MEDICAID MANAGED CARE	962	1,034	72	7%
5	CHAMPUS/TRICARE	101	79	(22)	-22%
6	COMMERCIAL INSURANCE	150	134	(16)	-11%
7	NON-GOVERNMENT MANAGED CARE	4,411	4,139	(272)	-6%
8	WORKER'S COMPENSATION	22	77	55	250%
9	SELF- PAY/UNINSURED	638	177	(461)	-72%
10	SAGA	335	202	(133)	-40%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	17,998	17,737	(261)	-1%
C.	OUTPATIENT VISITS				

**JOHNSON MEMORIAL HOSPITAL
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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
1	MEDICARE TRADITIONAL	25,197	23,877	(1,320)	-5%
2	MEDICARE MANAGED CARE	5,291	6,416	1,125	21%
3	MEDICAID	1,995	2,038	43	2%
4	MEDICAID MANAGED CARE	5,404	6,715	1,311	24%
5	CHAMPUS/TRICARE	438	482	44	10%
6	COMMERCIAL INSURANCE	1,174	1,135	(39)	-3%
7	NON-GOVERNMENT MANAGED CARE	38,044	37,328	(716)	-2%
8	WORKER'S COMPENSATION	1,394	1,358	(36)	-3%
9	SELF- PAY/UNINSURED	4,001	2,215	(1,786)	-45%
10	SAGA	1,243	861	(382)	-31%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	84,181	82,425	(1,756)	-2%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$2,201,529	\$2,378,345	\$176,816	8%
2	MEDICARE MANAGED CARE	\$378,539	\$499,086	\$120,547	32%
3	MEDICAID	\$773,431	\$698,350	(\$75,081)	-10%
4	MEDICAID MANAGED CARE	\$1,203,483	\$1,552,025	\$348,542	29%
5	CHAMPUS/TRICARE	\$100,605	\$91,717	(\$8,888)	-9%
6	COMMERCIAL INSURANCE	\$226,863	\$366,933	\$140,070	62%
7	NON-GOVERNMENT MANAGED CARE	\$4,792,619	\$5,008,185	\$215,566	4%
8	WORKER'S COMPENSATION	\$268,127	\$291,906	\$23,779	9%
9	SELF- PAY/UNINSURED	\$1,104,506	\$1,248,488	\$143,982	13%
10	SAGA	\$0	\$77,594	\$77,594	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$11,049,702	\$12,212,629	\$1,162,927	11%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$525,285	\$641,202	\$115,917	22%
2	MEDICARE MANAGED CARE	\$90,547	\$144,036	\$53,489	59%
3	MEDICAID	\$100,743	\$137,715	\$36,972	37%
4	MEDICAID MANAGED CARE	\$289,799	\$404,768	\$114,969	40%
5	CHAMPUS/TRICARE	\$34,497	\$31,615	(\$2,882)	-8%
6	COMMERCIAL INSURANCE	\$147,733	\$192,200	\$44,467	30%
7	NON-GOVERNMENT MANAGED CARE	\$2,422,669	\$2,773,723	\$351,054	14%
8	WORKER'S COMPENSATION	\$197,824	\$189,681	(\$8,143)	-4%
9	SELF- PAY/UNINSURED	\$543,527	\$45,070	(\$498,457)	-92%
10	SAGA	\$11,120	\$10,739	(\$381)	-3%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$4,363,744	\$4,570,749	\$207,005	5%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	2,733	2,717	(16)	-1%
2	MEDICARE MANAGED CARE	473	539	66	14%
3	MEDICAID	699	831	132	19%
4	MEDICAID MANAGED CARE	2,471	2,948	477	19%
5	CHAMPUS/TRICARE	166	147	(19)	-11%
6	COMMERCIAL INSURANCE	523	560	37	7%
7	NON-GOVERNMENT MANAGED CARE	7,336	6,944	(392)	-5%
8	WORKER'S COMPENSATION	646	591	(55)	-9%
9	SELF- PAY/UNINSURED	1,592	1,554	(38)	-2%
10	SAGA	697	412	(285)	-41%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	17,336	17,243	(93)	-1%

**JOHNSON MEMORIAL HOSPITAL
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$9,164,680	\$10,037,829	\$873,149	10%
2	Physician Salaries	\$2,541,554	\$692,376	(\$1,849,178)	-73%
3	Non-Nursing, Non-Physician Salaries	\$15,030,923	\$15,934,731	\$903,808	6%
	Total Salaries & Wages	\$26,737,157	\$26,664,936	(\$72,221)	0%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$2,424,561	\$3,137,311	\$712,750	29%
2	Physician Fringe Benefits	\$672,381	\$216,401	(\$455,980)	-68%
3	Non-Nursing, Non-Physician Fringe Benefits	\$3,931,568	\$5,033,765	\$1,102,197	28%
	Total Fringe Benefits	\$7,028,510	\$8,387,477	\$1,358,967	19%
C. Contractual Labor Fees:					
1	Nursing Fees	\$77,489	\$278,500	\$201,011	259%
2	Physician Fees	\$212,632	\$387,251	\$174,619	82%
3	Non-Nursing, Non-Physician Fees	\$1,510,903	\$1,864,566	\$353,663	23%
	Total Contractual Labor Fees	\$1,801,024	\$2,530,317	\$729,293	40%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$6,084,802	\$7,668,611	\$1,583,809	26%
2	Pharmaceutical Costs	\$1,625,145	\$2,214,229	\$589,084	36%
	Total Medical Supplies and Pharmaceutical Cost	\$7,709,947	\$9,882,840	\$2,172,893	28%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$1,161,930	\$1,157,868	(\$4,062)	0%
2	Depreciation-Equipment	\$1,797,231	\$2,001,770	\$204,539	11%
3	Amortization	\$12,497	\$12,498	\$1	0%
	Total Depreciation and Amortization	\$2,971,658	\$3,172,136	\$200,478	7%
F. Bad Debts:					
1	Bad Debts	\$5,104,950	\$2,544,297	(\$2,560,653)	-50%
G. Interest Expense:					
1	Interest Expense	\$845,087	\$592,676	(\$252,411)	-30%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$421,101	\$322,204	(\$98,897)	-23%
I. Utilities:					
1	Water	\$24,554	\$36,866	\$12,312	50%
2	Natural Gas	\$36,309	\$32,021	(\$4,288)	-12%
3	Oil	\$489,614	\$500,461	\$10,847	2%
4	Electricity	\$903,228	\$696,544	(\$206,684)	-23%
5	Telephone	\$216,115	\$196,481	(\$19,634)	-9%
6	Other Utilities	\$173,086	\$221,376	\$48,290	28%
	Total Utilities	\$1,842,906	\$1,683,749	(\$159,157)	-9%
J. Business Expenses:					
1	Accounting Fees	\$109,200	\$89,663	(\$19,537)	-18%
2	Legal Fees	\$0	\$1,039,029	\$1,039,029	0%
3	Consulting Fees	\$5,489,686	\$4,293,016	(\$1,196,670)	-22%
4	Dues and Membership	\$29,873	\$157,170	\$127,297	426%
5	Equipment Leases	\$2,243,037	\$1,280,231	(\$962,806)	-43%
6	Building Leases	\$809,784	\$752,637	(\$57,147)	-7%
7	Repairs and Maintenance	\$367,627	\$469,780	\$102,153	28%
8	Insurance	\$89,752	\$148,997	\$59,245	66%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$3,546	\$1,880	(\$1,666)	-47%
10	Conferences	\$29,047	\$65,330	\$36,283	125%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$430,915	\$891,594	\$460,679	107%
13	Licenses and Subscriptions	\$55,806	\$71,347	\$15,541	28%
14	Postage and Shipping	\$101,279	\$87,686	(\$13,593)	-13%
15	Advertising	\$99,813	\$128,333	\$28,520	29%
16	Other Business Expenses	\$1,288,354	\$1,940,740	\$652,386	51%
	Total Business Expenses	\$11,147,719	\$11,417,433	\$269,714	2%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$4,609,596	\$486,670	(\$4,122,926)	-89%
	Total Operating Expenses - All Expense Categories*	\$70,219,655	\$67,684,735	(\$2,534,920)	-4%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$3,836,321	\$4,474,045	\$637,724	17%
2	General Accounting	\$707,210	\$689,034	(\$18,176)	-3%
3	Patient Billing & Collection	\$2,064,017	\$1,704,917	(\$359,100)	-17%
4	Admitting / Registration Office	\$958,012	\$998,265	\$40,253	4%
5	Data Processing	\$1,165,805	\$1,842,538	\$676,733	58%
6	Communications	\$242,044	\$179,520	(\$62,524)	-26%
7	Personnel	\$7,132,269	\$8,321,692	\$1,189,423	17%
8	Public Relations	\$173,964	\$289,963	\$115,999	67%
9	Purchasing	\$326,506	\$376,197	\$49,691	15%
10	Dietary and Cafeteria	\$674,252	\$619,794	(\$54,458)	-8%
11	Housekeeping	\$605,123	\$718,735	\$113,612	19%
12	Laundry & Linen	\$240,246	\$280,700	\$40,454	17%
13	Operation of Plant	\$1,723,608	\$1,505,095	(\$218,513)	-13%
14	Security	\$167,798	\$160,811	(\$6,987)	-4%
15	Repairs and Maintenance	\$679,827	\$857,813	\$177,986	26%
16	Central Sterile Supply	\$228,106	\$185,163	(\$42,943)	-19%
17	Pharmacy Department	\$2,408,405	\$3,043,300	\$634,895	26%
18	Other General Services	\$4,952,735	\$5,003,442	\$50,707	1%
	Total General Services	\$28,286,248	\$31,251,024	\$2,964,776	10%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$1,035,198	\$1,130,863	\$95,665	9%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$639,870	\$901,942	\$262,072	41%
4	Medical Records	\$933,755	\$1,083,554	\$149,799	16%
5	Social Service	\$28,233	\$16,076	(\$12,157)	-43%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$2,637,056	\$3,132,435	\$495,379	19%
C.	<u>Special Services:</u>				
1	Operating Room	\$2,304,951	\$2,185,169	(\$119,782)	-5%
2	Recovery Room	\$310,075	\$338,446	\$28,371	9%
3	Anesthesiology	\$280,061	\$324,625	\$44,564	16%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$1,739,631	\$1,787,960	\$48,329	3%
6	Diagnostic Ultrasound	\$213,780	\$275,747	\$61,967	29%
7	Radiation Therapy	\$0	\$0	\$0	0%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$540,130	\$485,951	(\$54,179)	-10%
9	CT Scan	\$321,041	\$348,040	\$26,999	8%
10	Laboratory	\$3,737,000	\$3,581,311	(\$155,689)	-4%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$322,501	\$284,301	(\$38,200)	-12%
13	Electrocardiology	\$55,694	\$60,519	\$4,825	9%
14	Electroencephalography	\$20,686	\$19,709	(\$977)	-5%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$660,566	\$672,258	\$11,692	2%
19	Pulmonary Function	\$384,558	\$380,093	(\$4,465)	-1%
20	Intravenous Therapy	\$101,154	\$125,244	\$24,090	24%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$517,703	\$221,120	(\$296,583)	-57%
23	Renal Dialysis	\$164,669	\$141,738	(\$22,931)	-14%
24	Emergency Room	\$5,064,847	\$4,029,715	(\$1,035,132)	-20%
25	MRI	\$555,523	\$515,525	(\$39,998)	-7%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$376,751	\$390,873	\$14,122	4%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,234,286	\$2,095,420	(\$138,866)	-6%
	Total Special Services	\$19,905,607	\$18,263,764	(\$1,641,843)	-8%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$3,756,073	\$3,956,145	\$200,072	5%
2	Intensive Care Unit	\$1,548,933	\$1,625,113	\$76,180	5%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,993,447	\$2,228,301	\$234,854	12%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,163,441	\$1,203,403	\$39,962	3%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$2,496,579	\$2,438,765	(\$57,814)	-2%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$10,958,473	\$11,451,727	\$493,254	5%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$7,362,122	\$3,585,785	(\$3,776,337)	-51%
	Total Operating Expenses - All Departments*	\$69,149,506	\$67,684,735	(\$1,464,771)	-2%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$71,034,672	\$ 62,785,887	\$61,336,304
2	Other Operating Revenue	743,950	54,542	252,845
3	Total Operating Revenue	\$71,778,622	\$62,840,429	\$61,589,149
4	Total Operating Expenses	75,843,310	66,396,980	67,684,735
5	Income/(Loss) From Operations	(\$4,064,688)	(\$3,556,551)	(\$6,095,586)
6	Total Non-Operating Revenue	1,722,723	(2,288,430)	33,467,213
7	Excess/(Deficiency) of Revenue Over Expenses	(\$2,341,965)	(\$5,844,981)	\$27,371,627
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	-5.53%	-5.87%	-6.41%
2	Hospital Non Operating Margin	2.34%	-3.78%	35.21%
3	Hospital Total Margin	-3.19%	-9.65%	28.80%
4	Income/(Loss) From Operations	(\$4,064,688)	(\$3,556,551)	(\$6,095,586)
5	Total Operating Revenue	\$71,778,622	\$62,840,429	\$61,589,149
6	Total Non-Operating Revenue	\$1,722,723	(\$2,288,430)	\$33,467,213
7	Total Revenue	\$73,501,345	\$60,551,999	\$95,056,362
8	Excess/(Deficiency) of Revenue Over Expenses	(\$2,341,965)	(\$5,844,981)	\$27,371,627
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$3,159,598	(\$20,718,900)	\$4,607,135
2	Hospital Total Net Assets	\$4,230,542	(\$16,710,766)	\$8,733,965
3	Hospital Change in Total Net Assets	\$5,591,742	(\$20,941,308)	\$25,444,731
4	Hospital Change in Total Net Assets %	-310.8%	-495.0%	-152.3%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.32	0.35	0.45
2	Total Operating Expenses	\$75,843,310	\$69,149,506	\$67,684,735
3	Total Gross Revenue	\$236,605,379	\$195,594,535	\$151,379,867
4	Total Other Operating Revenue	\$743,950	\$951,983	\$571,177
5	Private Payment to Cost Ratio	1.21	1.27	1.28
6	Total Non-Government Payments	\$41,246,882	\$37,610,322	\$34,911,509

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
7	Total Uninsured Payments	\$2,515,047	\$818,543	\$221,346
8	Total Non-Government Charges	\$108,426,265	\$89,500,134	\$64,019,333
9	Total Uninsured Charges	\$8,571,855	\$7,448,767	\$3,046,095
10	<u>Medicare Payment to Cost Ratio</u>	0.74	0.71	0.70
11	Total Medicare Payments	\$24,689,512	\$21,800,296	\$21,517,044
12	Total Medicare Charges	\$104,380,257	\$87,333,452	\$69,163,715
13	<u>Medicaid Payment to Cost Ratio</u>	0.67	0.69	0.61
14	Total Medicaid Payments	\$4,174,943	\$3,570,399	\$4,270,748
15	Total Medicaid Charges	\$19,513,473	\$14,737,589	\$15,725,473
16	<u>Uncompensated Care Cost</u>	\$2,835,685	\$2,945,378	\$1,258,250
17	Charity Care	\$287,523	\$559,676	\$280,655
18	Bad Debts	\$8,586,666	\$7,812,094	\$2,544,094
19	Total Uncompensated Care	\$8,874,189	\$8,371,770	\$2,824,749
20	<u>Uncompensated Care % of Total Expenses</u>	3.7%	4.3%	1.9%
21	Total Operating Expenses	\$75,843,310	\$69,149,506	\$67,684,735
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	0.53	1.92	0.89
2	Total Current Assets	\$20,770,211	\$14,386,615	\$14,621,336
3	Total Current Liabilities	\$39,231,773	\$7,500,040	\$16,401,250
4	<u>Days Cash on Hand</u>	20	17	23
5	Cash and Cash Equivalents	\$4,005,551	\$3,033,010	\$4,142,244
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$4,005,551	\$3,033,010	\$4,142,244
8	Total Operating Expenses	\$75,843,310	\$66,396,980	\$67,684,735
9	Depreciation Expense	\$2,821,844	\$2,971,658	\$3,172,136
10	Operating Expenses less Depreciation Expense	\$73,021,466	\$63,425,322	\$64,512,599
11	<u>Days Revenue in Patient Accounts Receivable</u>	39.37	42.72	40.45

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
12	Net Patient Accounts Receivable	\$ 8,282,256	\$ 8,626,274	\$ 7,869,668
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$619,567	\$1,278,325	\$1,071,475
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 7,662,689	\$ 7,347,949	\$ 6,798,193
16	Total Net Patient Revenue	\$71,034,672	\$ 62,785,887	\$ 61,336,304
17	<u>Average Payment Period</u>	196.10	43.16	92.80
18	Total Current Liabilities	\$39,231,773	\$7,500,040	\$16,401,250
19	Total Operating Expenses	\$75,843,310	\$66,396,980	\$67,684,735
20	Depreciation Expense	\$2,821,844	\$2,971,658	\$3,172,136
21	Total Operating Expenses less Depreciation Expense	\$73,021,466	\$63,425,322	\$64,512,599
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	7.3	(35.6)	18.6
2	Total Net Assets	\$4,230,542	(\$16,710,766)	\$8,733,965
3	Total Assets	\$58,272,894	\$46,991,731	\$46,903,096
4	<u>Cash Flow to Total Debt Ratio</u>	0.9	(14.1)	105.7
5	Excess/(Deficiency) of Revenues Over Expenses	(\$2,341,965)	(\$5,844,981)	\$27,371,627
6	Depreciation Expense	\$2,821,844	\$2,971,658	\$3,172,136
7	Excess of Revenues Over Expenses and Depreciation Expense	\$479,879	(\$2,873,323)	\$30,543,763
8	Total Current Liabilities	\$39,231,773	\$7,500,040	\$16,401,250
9	Total Long Term Debt	\$13,528,750	\$12,843,750	\$12,501,250
10	Total Current Liabilities and Total Long Term Debt	\$52,760,523	\$20,343,790	\$28,902,500
11	<u>Long Term Debt to Capitalization Ratio</u>	76.2	(332.1)	58.9
12	Total Long Term Debt	\$13,528,750	\$12,843,750	\$12,501,250
13	Total Net Assets	\$4,230,542	(\$16,710,766)	\$8,733,965
14	Total Long Term Debt and Total Net Assets	\$17,759,292	(\$3,867,016)	\$21,235,215
15	<u>Debt Service Coverage Ratio</u>	1.4	(1.3)	28.9
16	Excess Revenues over Expenses	(\$2,341,965)	(\$5,844,981)	\$27,371,627
17	Interest Expense	\$1,183,162	\$845,087	\$592,676
18	Depreciation and Amortization Expense	\$2,821,844	\$2,971,658	\$3,172,136

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
19	Principal Payments	\$0	\$715,486	\$484,562
G. <u>Other Financial Ratios</u>				
20	Average Age of Plant	10.4	10.4	10.8
21	Accumulated Depreciation	\$29,288,346	\$31,022,924	\$34,378,475
22	Depreciation and Amortization Expense	\$2,821,844	\$2,971,658	\$3,172,136
H. <u>Utilization Measures Summary</u>				
1	Patient Days	21,656	17,998	17,737
2	Discharges	4,087	3,618	3,437
3	ALOS	5.3	5.0	5.2
4	Staffed Beds	72	72	72
5	Available Beds	-	95	95
6	Licensed Beds	101	101	101
6	Occupancy of Staffed Beds	82.4%	68.5%	67.5%
7	Occupancy of Available Beds	62.5%	51.9%	51.2%
8	Full Time Equivalent Employees	552.6	469.2	475.7
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	42.2%	41.9%	40.3%
2	Medicare Gross Revenue Payer Mix Percentage	44.1%	44.7%	45.7%
3	Medicaid Gross Revenue Payer Mix Percentage	8.2%	7.5%	10.4%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	1.3%	1.5%	1.1%
5	Uninsured Gross Revenue Payer Mix Percentage	3.6%	3.8%	2.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.5%	0.6%	0.5%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$99,854,410	\$82,051,367	\$60,973,238
9	Medicare Gross Revenue (Charges)	\$104,380,257	\$87,333,452	\$69,163,715
10	Medicaid Gross Revenue (Charges)	\$19,513,473	\$14,737,589	\$15,725,473
11	Other Medical Assistance Gross Revenue (Charges)	\$3,137,821	\$2,947,065	\$1,709,037
12	Uninsured Gross Revenue (Charges)	\$8,571,855	\$7,448,767	\$3,046,095
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,147,563	\$1,076,295	\$762,309
14	Total Gross Revenue (Charges)	\$236,605,379	\$195,594,535	\$151,379,867
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	54.7%	58.0%	56.6%

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
2	Medicare Net Revenue Payer Mix Percentage	34.9%	34.4%	35.1%
3	Medicaid Net Revenue Payer Mix Percentage	5.9%	5.6%	7.0%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.5%	0.4%	0.5%
5	Uninsured Net Revenue Payer Mix Percentage	3.6%	1.3%	0.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.5%	0.2%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$38,731,835	\$36,791,779	\$34,690,163
9	Medicare Net Revenue (Payments)	\$24,689,512	\$21,800,296	\$21,517,044
10	Medicaid Net Revenue (Payments)	\$4,174,943	\$3,570,399	\$4,270,748
11	Other Medical Assistance Net Revenue (Payments)	\$379,831	\$263,032	\$324,478
12	Uninsured Net Revenue (Payments)	\$2,515,047	\$818,543	\$221,346
13	CHAMPUS / TRICARE Net Revenue Payments)	\$341,753	\$153,116	\$312,321
14	Total Net Revenue (Payments)	\$70,832,921	\$63,397,165	\$61,336,100
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	1,378	1,333	1,143
2	Medicare	2,026	1,807	1,733
3	Medical Assistance	660	456	541
4	Medicaid	605	404	509
5	Other Medical Assistance	55	52	32
6	CHAMPUS / TRICARE	23	22	20
7	Uninsured (Included In Non-Government)	52	114	46
8	Total	4,087	3,618	3,437
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.001900	1.023400	1.167700
2	Medicare	1.257800	1.292520	1.352000
3	Medical Assistance	0.840800	0.962631	0.866727
4	Medicaid	0.840800	0.927200	0.855400
5	Other Medical Assistance	0.840800	1.237910	1.046900
6	CHAMPUS / TRICARE	0.851600	1.175700	0.795000
7	Uninsured (Included In Non-Government)	0.975320	1.129800	0.922700
8	Total Case Mix Index	1.101892	1.151078	1.211084
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	2,978	3,027	2,178
2	Emergency Room - Treated and Discharged	17,766	17,336	17,243
3	Total Emergency Room Visits	20,744	20,363	19,421

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$202,207	\$54,264	(\$147,943)	-73%
2	Inpatient Payments	\$50,794	\$18,227	(\$32,567)	-64%
3	Outpatient Charges	\$73,350	\$82,129	\$8,779	12%
4	Outpatient Payments	\$33,734	\$52,434	\$18,700	55%
5	Discharges	6	4	(2)	-33%
6	Patient Days	22	14	(8)	-36%
7	Outpatient Visits (Excludes ED Visits)	39	68	29	74%
8	Emergency Department Outpatient Visits	12	15	3	25%
9	Emergency Department Inpatient Admissions	6	4	(2)	-33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$275,557	\$136,393	(\$139,164)	-51%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$84,528	\$70,661	(\$13,867)	-16%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$167,344	\$33,319	(\$134,025)	-80%
2	Inpatient Payments	\$50,789	\$14,455	(\$36,334)	-72%
3	Outpatient Charges	\$67,387	\$56,675	(\$10,712)	-16%
4	Outpatient Payments	\$14,070	\$13,695	(\$375)	-3%
5	Discharges	4	2	(2)	-50%
6	Patient Days	14	10	(4)	-29%
7	Outpatient Visits (Excludes ED Visits)	42	55	13	31%
8	Emergency Department Outpatient Visits	5	6	1	20%
9	Emergency Department Inpatient Admissions	4	2	(2)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$234,731	\$89,994	(\$144,737)	-62%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$64,859	\$28,150	(\$36,709)	-57%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$1,115,625	\$1,251,670	\$136,045	12%
2	Inpatient Payments	\$222,009	\$393,793	\$171,784	77%
3	Outpatient Charges	\$957,130	\$1,160,458	\$203,328	21%
4	Outpatient Payments	\$184,821	\$311,335	\$126,514	68%
5	Discharges	24	44	20	83%
6	Patient Days	188	282	94	50%
7	Outpatient Visits (Excludes ED Visits)	817	1,161	344	42%
8	Emergency Department Outpatient Visits	88	94	6	7%
9	Emergency Department Inpatient Admissions	24	34	10	42%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,072,755	\$2,412,128	\$339,373	16%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$406,830	\$705,128	\$298,298	73%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$3,986,457	\$4,063,165	\$76,708	2%
2	Inpatient Payments	\$1,162,850	\$1,316,137	\$153,287	13%
3	Outpatient Charges	\$3,925,128	\$3,334,792	(\$590,336)	-15%
4	Outpatient Payments	\$753,625	\$882,852	\$129,227	17%
5	Discharges	149	164	15	10%
6	Patient Days	733	912	179	24%
7	Outpatient Visits (Excludes ED Visits)	2,929	3,191	262	9%
8	Emergency Department Outpatient Visits	267	281	14	5%
9	Emergency Department Inpatient Admissions	149	125	(24)	-16%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,911,585	\$7,397,957	(\$513,628)	-6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,916,475	\$2,198,989	\$282,514	15%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$67,825	\$165,505	\$97,680	144%
2	Inpatient Payments	\$19,228	\$54,636	\$35,408	184%
3	Outpatient Charges	\$39,955	\$60,934	\$20,979	53%
4	Outpatient Payments	\$9,014	\$56,013	\$46,999	521%
5	Discharges	3	6	3	100%
6	Patient Days	17	36	19	112%
7	Outpatient Visits (Excludes ED Visits)	40	52	12	30%
8	Emergency Department Outpatient Visits	15	16	1	7%
9	Emergency Department Inpatient Admissions	3	10	7	233%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$107,780	\$226,439	\$118,659	110%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$28,242	\$110,649	\$82,407	292%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$146,426	\$155,798	\$9,372	6%
2	Inpatient Payments	\$48,979	\$42,052	(\$6,927)	-14%
3	Outpatient Charges	\$73,350	\$60,303	(\$13,047)	-18%
4	Outpatient Payments	\$16,064	\$18,830	\$2,766	17%
5	Discharges	5	5	0	0%
6	Patient Days	24	25	1	4%
7	Outpatient Visits (Excludes ED Visits)	71	39	(32)	-45%
8	Emergency Department Outpatient Visits	15	10	(5)	-33%
9	Emergency Department Inpatient Admissions	5	4	(1)	-20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$219,776	\$216,101	(\$3,675)	-2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$65,043	\$60,882	(\$4,161)	-6%
I. AETNA					
1	Inpatient Charges	\$183,191	\$369,160	\$185,969	102%
2	Inpatient Payments	\$45,560	\$138,178	\$92,618	203%
3	Outpatient Charges	\$354,228	\$367,105	\$12,877	4%
4	Outpatient Payments	\$70,066	\$99,255	\$29,189	42%
5	Discharges	9	16	7	78%
6	Patient Days	59	76	17	29%
7	Outpatient Visits (Excludes ED Visits)	277	344	67	24%
8	Emergency Department Outpatient Visits	25	32	7	28%
9	Emergency Department Inpatient Admissions	9	13	4	44%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$537,419	\$736,265	\$198,846	37%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$115,626	\$237,433	\$121,807	105%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$43,533	\$30,157	(\$13,376)	-31%
4	Outpatient Payments	\$16,081	\$16,824	\$743	5%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	28	24	(4)	-14%
8	Emergency Department Outpatient Visits	8	8	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$43,533	\$30,157	(\$13,376)	-31%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$16,081	\$16,824	\$743	5%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$296,375	\$296,375	0%
2	Inpatient Payments	\$0	\$93,246	\$93,246	0%
3	Outpatient Charges	\$69,176	\$401,597	\$332,421	481%
4	Outpatient Payments	\$13,987	\$91,506	\$77,519	554%
5	Discharges	0	16	16	0%
6	Patient Days	0	66	66	0%
7	Outpatient Visits (Excludes ED Visits)	39	326	287	736%
8	Emergency Department Outpatient Visits	4	45	41	1025%
9	Emergency Department Inpatient Admissions	0	13	13	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$69,176	\$697,972	\$628,796	909%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$13,987	\$184,752	\$170,765	1221%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$469,703	\$628,834	\$159,131	34%
2	Inpatient Payments	\$146,219	\$306,154	\$159,935	109%
3	Outpatient Charges	\$360,191	\$180,734	(\$179,457)	-50%
4	Outpatient Payments	\$70,742	\$46,788	(\$23,954)	-34%
5	Discharges	16	19	3	19%
6	Patient Days	113	170	57	50%
7	Outpatient Visits (Excludes ED Visits)	536	617	81	15%
8	Emergency Department Outpatient Visits	34	32	(2)	-6%
9	Emergency Department Inpatient Admissions	16	16	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$829,894	\$809,568	(\$20,326)	-2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$216,961	\$352,942	\$135,981	63%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$6,338,778	\$7,018,090	\$679,312	11%
	TOTAL INPATIENT PAYMENTS	\$1,746,428	\$2,376,878	\$630,450	36%
	TOTAL OUTPATIENT CHARGES	\$5,963,428	\$5,734,884	(\$228,544)	-4%
	TOTAL OUTPATIENT PAYMENTS	\$1,182,204	\$1,589,532	\$407,328	34%
	TOTAL DISCHARGES	216	276	60	28%
	TOTAL PATIENT DAYS	1,170	1,591	421	36%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	4,818	5,877	1,059	22%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	473	539	66	14%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	216	221	5	2%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,302,206	\$12,752,974	\$450,768	4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,928,632	\$3,966,410	\$1,037,778	35%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$319,312	\$470,483	\$151,171	47%
2	Inpatient Payments	\$50,579	\$160,909	\$110,330	218%
3	Outpatient Charges	\$1,513,054	\$112,419	(\$1,400,635)	-93%
4	Outpatient Payments	\$349,062	\$13,942	(\$335,120)	-96%
5	Discharges	37	36	(1)	-3%
6	Patient Days	84	220	136	162%
7	Outpatient Visits (Excludes ED Visits)	662	24	(638)	-96%
8	Emergency Department Outpatient Visits	432	20	(412)	-95%
9	Emergency Department Inpatient Admissions	25	24	(1)	-4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,832,366	\$582,902	(\$1,249,464)	-68%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$399,641	\$174,851	(\$224,790)	-56%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$1,361,389	\$1,704,664	\$343,275	25%
2	Inpatient Payments	\$373,565	\$523,477	\$149,912	40%
3	Outpatient Charges	\$3,062,151	\$3,367,420	\$305,269	10%
4	Outpatient Payments	\$755,127	\$965,432	\$210,305	28%
5	Discharges	165	222	57	35%
6	Patient Days	442	527	85	19%
7	Outpatient Visits (Excludes ED Visits)	1,586	2,652	1,066	67%
8	Emergency Department Outpatient Visits	1,039	1,567	528	51%
9	Emergency Department Inpatient Admissions	17	12	(5)	-29%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,423,540	\$5,072,084	\$648,544	15%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,128,692	\$1,488,909	\$360,217	32%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$3,466	\$49,673	\$46,207	1333%
4	Outpatient Payments	\$431	\$6,226	\$5,795	1345%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	8	1	(7)	-88%
8	Emergency Department Outpatient Visits	0	53	53	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,466	\$49,673	\$46,207	1333%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$431	\$6,226	\$5,795	1345%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$1,121,597	\$408,985	(\$712,612)	-64%
2	Inpatient Payments	\$275,352	\$89,634	(\$185,718)	-67%
3	Outpatient Charges	\$574,586	\$623,067	\$48,481	8%
4	Outpatient Payments	\$60,675	\$310,605	\$249,930	412%
5	Discharges	58	34	(24)	-41%
6	Patient Days	358	171	(187)	-52%
7	Outpatient Visits (Excludes ED Visits)	104	56	(48)	-46%
8	Emergency Department Outpatient Visits	275	291	16	6%
9	Emergency Department Inpatient Admissions	58	28	(30)	-52%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,696,183	\$1,032,052	(\$664,131)	-39%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$336,027	\$400,239	\$64,212	19%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$92,157	\$189,053	\$96,896	105%
2	Inpatient Payments	\$24,127	\$38,095	\$13,968	58%
3	Outpatient Charges	\$546,862	\$766,036	\$219,174	40%
4	Outpatient Payments	\$141,583	\$174,987	\$33,404	24%
5	Discharges	12	16	4	33%
6	Patient Days	32	41	9	28%
7	Outpatient Visits (Excludes ED Visits)	222	396	174	78%
8	Emergency Department Outpatient Visits	223	354	131	59%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$639,019	\$955,089	\$316,070	49%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$165,710	\$213,082	\$47,372	29%
	H. AETNA				
1	Inpatient Charges	\$187,703	\$319,774	\$132,071	70%
2	Inpatient Payments	\$21,023	\$56,326	\$35,303	168%
3	Outpatient Charges	\$1,230,959	\$1,523,689	\$292,730	24%
4	Outpatient Payments	\$307,863	\$361,766	\$53,903	18%
5	Discharges	13	19	6	46%
6	Patient Days	46	75	29	63%
7	Outpatient Visits (Excludes ED Visits)	351	638	287	82%
8	Emergency Department Outpatient Visits	502	663	161	32%
9	Emergency Department Inpatient Admissions	13	14	1	8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,418,662	\$1,843,463	\$424,801	30%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$328,886	\$418,092	\$89,206	27%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$3,082,158	\$3,092,959	\$10,801	0%
	TOTAL INPATIENT PAYMENTS	\$744,646	\$868,441	\$123,795	17%
	TOTAL OUTPATIENT CHARGES	\$6,931,078	\$6,442,304	(\$488,774)	-7%
	TOTAL OUTPATIENT PAYMENTS	\$1,614,741	\$1,832,958	\$218,217	14%
	TOTAL DISCHARGES	285	327	42	15%
	TOTAL PATIENT DAYS	962	1,034	72	7%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	2,933	3,767	834	28%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,471	2,948	477	19%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	115	78	(37)	-32%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,013,236	\$9,535,263	(\$477,973)	-5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,359,387	\$2,701,399	\$342,012	14%

**JOHNSON MEMORIAL HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2010
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE

JOHNSON MEMORIAL MEDICAL CENTER, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$0	\$5,924,225	\$5,924,225	0%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$0	\$11,276,872	\$11,276,872	0%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$168,575	\$168,575	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$0	\$1,191,702	\$1,191,702	0%
8	Prepaid Expenses	\$0	\$1,660,331	\$1,660,331	0%
9	Other Current Assets	\$0	\$481,512	\$481,512	0%
	Total Current Assets	\$0	\$20,703,217	\$20,703,217	0%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$0	\$4,124,507	\$4,124,507	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$4,124,507	\$4,124,507	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$3,065,208	\$3,065,208	0%
7	Other Noncurrent Assets	\$0	\$1,440,949	\$1,440,949	0%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$0	\$88,785,708	\$88,785,708	0%
2	Less: Accumulated Depreciation	\$0	\$49,297,688	\$49,297,688	\$0
	Property, Plant and Equipment, Net	\$0	\$39,488,020	\$39,488,020	0%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$0	\$39,488,020	\$39,488,020	0%
	Total Assets	\$0	\$68,821,901	\$68,821,901	0%

JOHNSON MEMORIAL MEDICAL CENTER, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$0	\$7,943,203	\$7,943,203	0%
2	Salaries, Wages and Payroll Taxes	\$0	\$4,258,064	\$4,258,064	0%
3	Due To Third Party Payers	\$0	\$726,116	\$726,116	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$0	\$1,579,563	\$1,579,563	0%
7	Other Current Liabilities	\$0	\$6,640,286	\$6,640,286	0%
	Total Current Liabilities	\$0	\$21,147,232	\$21,147,232	0%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$0	\$31,463,740	\$31,463,740	0%
	Total Long Term Debt	\$0	\$31,463,740	\$31,463,740	0%
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$0	\$9,080,473	\$9,080,473	0%
	Total Long Term Liabilities	\$0	\$40,544,213	\$40,544,213	0%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$8,299,950	\$8,299,950	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$0	(\$5,507,538)	(\$5,507,538)	0%
2	Temporarily Restricted Net Assets	\$0	\$40,979	\$40,979	0%
3	Permanently Restricted Net Assets	\$0	\$4,297,065	\$4,297,065	0%
	Total Net Assets	\$0	(\$1,169,494)	(\$1,169,494)	0%
	Total Liabilities and Net Assets	\$0	\$68,821,901	\$68,821,901	0%

JOHNSON MEMORIAL MEDICAL CENTER, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$0	\$193,977,842	\$193,977,842	0%
2	Less: Allowances	\$0	\$104,765,918	\$104,765,918	0%
3	Less: Charity Care	\$0	\$280,655	\$280,655	0%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$0	\$88,931,269	\$88,931,269	0%
5	Other Operating Revenue	\$0	\$3,721,409	\$3,721,409	0%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$0	\$92,652,678	\$92,652,678	0%
B. Operating Expenses:					
1	Salaries and Wages	\$0	\$45,109,618	\$45,109,618	0%
2	Fringe Benefits	\$0	\$12,718,541	\$12,718,541	0%
3	Physicians Fees	\$0	\$658,322	\$658,322	0%
4	Supplies and Drugs	\$0	\$9,029,298	\$9,029,298	0%
5	Depreciation and Amortization	\$0	\$4,456,036	\$4,456,036	0%
6	Bad Debts	\$0	\$5,923,792	\$5,923,792	0%
7	Interest	\$0	\$900,612	\$900,612	0%
8	Malpractice	\$0	\$788,038	\$788,038	0%
9	Other Operating Expenses	\$0	\$24,658,977	\$24,658,977	0%
	Total Operating Expenses	\$0	\$104,243,234	\$104,243,234	0%
	Income/(Loss) From Operations	\$0	(\$11,590,556)	(\$11,590,556)	0%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$86,413	\$86,413	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$36,032,758	\$36,032,758	0%
	Total Non-Operating Revenue	\$0	\$36,119,171	\$36,119,171	0%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$0	\$24,528,615	\$24,528,615	0%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$0	\$24,528,615	\$24,528,615	0%

JOHNSON MEMORIAL MEDICAL CENTER, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2010

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$0	\$0	\$88,931,269
2	Other Operating Revenue	0	0	3,721,409
3	Total Operating Revenue	\$0	\$0	\$92,652,678
4	Total Operating Expenses	0	0	104,243,234
5	Income/(Loss) From Operations	\$0	\$0	(\$11,590,556)
6	Total Non-Operating Revenue	0	0	36,119,171
7	Excess/(Deficiency) of Revenue Over Expenses	\$0	\$0	\$24,528,615
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.00%	0.00%	-9.00%
2	Parent Corporation Non-Operating Margin	0.00%	0.00%	28.05%
3	Parent Corporation Total Margin	0.00%	0.00%	19.05%
4	Income/(Loss) From Operations	\$0	\$0	(\$11,590,556)
5	Total Operating Revenue	\$0	\$0	\$92,652,678
6	Total Non-Operating Revenue	\$0	\$0	\$36,119,171
7	Total Revenue	\$0	\$0	\$128,771,849
8	Excess/(Deficiency) of Revenue Over Expenses	\$0	\$0	\$24,528,615
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$0	\$0	-\$5,507,538
2	Parent Corporation Total Net Assets	\$0	\$0	(\$1,169,494)
3	Parent Corporation Change in Total Net Assets	\$0	\$0	(\$1,169,494)
4	Parent Corporation Change in Total Net Assets %	0.0%	0.0%	0.0%

JOHNSON MEMORIAL MEDICAL CENTER, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
D. Liquidity Measures Summary				
1	Current Ratio	-	-	0.98
2	Total Current Assets	\$0	\$0	\$20,703,217
3	Total Current Liabilities	\$0	\$0	\$21,147,232
4	Days Cash on Hand	0	0	22
5	Cash and Cash Equivalents	\$0	\$0	\$5,924,225
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$0	\$0	\$5,924,225
8	Total Operating Expenses	\$0	\$0	\$104,243,234
9	Depreciation Expense	\$0	\$0	\$4,456,036
10	Operating Expenses less Depreciation Expense	\$0	\$0	\$99,787,198
11	Days Revenue in Patient Accounts Receivable	0	0	43
12	Net Patient Accounts Receivable	\$ -	\$ -	\$ 11,276,872
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$726,116
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ -	\$ -	\$ 10,550,756
16	Total Net Patient Revenue	\$0	\$0	\$88,931,269
17	Average Payment Period	0	0	77
18	Total Current Liabilities	\$0	\$0	\$21,147,232
19	Total Operating Expenses	\$0	\$0	\$104,243,234
20	Depreciation Expense	\$0	\$0	\$4,456,036
21	Total Operating Expenses less Depreciation Expense	\$0	\$0	\$99,787,198

JOHNSON MEMORIAL MEDICAL CENTER, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	-	-	(1.7)
2	Total Net Assets	\$0	\$0	(\$1,169,494)
3	Total Assets	\$0	\$0	\$68,821,901
4	<u>Cash Flow to Total Debt Ratio</u>	-	-	55.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$0	\$0	\$24,528,615
6	Depreciation Expense	\$0	\$0	\$4,456,036
7	Excess of Revenues Over Expenses and Depreciation Expense	\$0	\$0	\$28,984,651
8	Total Current Liabilities	\$0	\$0	\$21,147,232
9	Total Long Term Debt	\$0	\$0	\$31,463,740
10	Total Current Liabilities and Total Long Term Debt	\$0	\$0	\$52,610,972
11	<u>Long Term Debt to Capitalization Ratio</u>	-	-	103.9
12	Total Long Term Debt	\$0	\$0	\$31,463,740
13	Total Net Assets	\$0	\$0	(\$1,169,494)
14	Total Long Term Debt and Total Net Assets	\$0	\$0	\$30,294,246

JOHNSON MEMORIAL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	11,451	42	56	74.7%	56.0%
2	ICU/CCU (Excludes Neonatal ICU)	1,529	5	7	83.8%	59.8%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,429	17	20	55.3%	47.0%
	TOTAL PSYCHIATRIC	3,429	17	20	55.3%	47.0%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	721	4	6	49.4%	32.9%
7	Newborn	607	4	6	41.6%	27.7%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	17,130	68	89	69.0%	52.7%
	TOTAL INPATIENT BED UTILIZATION	17,737	72	95	67.5%	51.2%
	TOTAL INPATIENT REPORTED YEAR	17,737	72	95	67.5%	51.2%
	TOTAL INPATIENT PRIOR YEAR	17,998	72	95	68.5%	51.9%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-261	0	0	-1.0%	-0.8%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-1%	0%	0%	-1%	-1%
	Total Licensed Beds and Bassinets	101				
(A) This number may not exceed the number of available beds for each department or in total.						

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	3,673	2,274	-1,399	-38%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,719	2,187	468	27%
3	Emergency Department Scans	4,955	3,860	-1,095	-22%
4	Other Non-Hospital Providers' Scans (A)	2,100	0	-2,100	-100%
	Total CT Scans	12,447	8,321	-4,126	-33%
B. MRI Scans (A)					
1	Inpatient Scans	279	197	-82	-29%
2	Outpatient Scans (Excluding Emergency Department Scans)	693	1,161	468	68%
3	Emergency Department Scans	15	20	5	33%
4	Other Non-Hospital Providers' Scans (A)	968	0	-968	-100%
	Total MRI Scans	1,955	1,378	-577	-30%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Surgical Procedures	763	646	-117	-15%
2	Outpatient Surgical Procedures	2,242	2,297	55	2%
	Total Surgical Procedures	3,005	2,943	-62	-2%
J.	Endoscopy Procedures				
1	Inpatient Endoscopy Procedures	175	165	-10	-6%
2	Outpatient Endoscopy Procedures	2,409	2,061	-348	-14%
	Total Endoscopy Procedures	2,584	2,226	-358	-14%
K.	Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	3,027	2,178	-849	-28%
2	Emergency Room Visits: Treated and Discharged	17,336	17,243	-93	-1%
	Total Emergency Room Visits	20,363	19,421	-942	-5%
L.	Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	0	0	0	0%
M.	Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	1,075	871	-204	-19%
2	Cardiology	1,641	1,370	-271	-17%
3	Chemotherapy	343	1,023	680	198%
4	Gastroenterology	1,537	1,291	-246	-16%
5	Other Outpatient Visits	79,585	79,181	-404	-1%
	Total Other Hospital Outpatient Visits	84,181	83,736	-445	-1%
N.	Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	119.0	125.4	6.4	5%
2	Total Physician FTEs	11.3	5.9	-5.4	-48%
3	Total Non-Nursing and Non-Physician FTEs	338.9	344.4	5.5	2%
	Total Hospital Full Time Equivalent Employees	469.2	475.7	6.5	1%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Johnson Memorial Hospital	951	937	-14	-1%
2	Offsite Surgery Department - Enfield, CT	1,291	1,360	69	5%
	Total Outpatient Surgical Procedures(A)	2,242	2,297	55	2%
B. Outpatient Endoscopy Procedures					
1	Johnson Memorial Hospital	1,786	1,539	-247	-14%
2	Offsite Surgical Department - Enfield, CT	623	522	-101	-16%
	Total Outpatient Endoscopy Procedures(B)	2,409	2,061	-348	-14%
C. Outpatient Hospital Emergency Room Visits					
1	Johnson Memorial Hospital	17,336	17,243	-93	-1%
	Total Outpatient Hospital Emergency Room Visits(C)	17,336	17,243	-93	-1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$51,856,684	\$42,815,475	(\$9,041,209)	-17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$14,638,639	\$14,503,969	(\$134,670)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.23%	33.88%	5.65%	20%
4	DISCHARGES	1,807	1,733	(74)	-4%
5	CASE MIX INDEX (CMI)	1.29252	1.35200	0.05948	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,335.58364	2,343.01600	7.43236	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,267.66	\$6,190.30	(\$77.36)	-1%
8	PATIENT DAYS	10,623	10,783	160	2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,378.01	\$1,345.08	(\$32.94)	-2%
10	AVERAGE LENGTH OF STAY	5.9	6.2	0.3	6%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$35,476,768	\$26,348,240	(\$9,128,528)	-26%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,161,657	\$7,013,075	(\$148,582)	-2%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.19%	26.62%	6.43%	32%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	68.41%	61.54%	-6.87%	-10%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,236.22482	1,066.47188	(169.75294)	-14%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,793.17	\$6,575.96	\$782.79	14%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$87,333,452	\$69,163,715	(\$18,169,737)	-21%
18	TOTAL ACCRUED PAYMENTS	\$21,800,296	\$21,517,044	(\$283,252)	-1%
19	TOTAL ALLOWANCES	\$65,533,156	\$47,646,671	(\$17,886,485)	-27%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$24,183,725	\$17,036,384	(\$7,147,341)	-30%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$8,751,723	\$9,287,493	\$535,770	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.19%	54.52%	18.33%	51%
4	DISCHARGES	1,333	1,143	(190)	-14%
5	CASE MIX INDEX (CMI)	1.02340	1.16770	0.14430	14%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,364.19220	1,334.68110	(29.51110)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,415.32	\$6,958.59	\$543.27	8%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$147.66)	(\$768.29)	(\$620.63)	420%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$201,433)	(\$1,025,418)	(\$823,985)	409%
10	PATIENT DAYS	5,221	4,527	(694)	-13%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,676.25	\$2,051.58	\$375.32	22%
12	AVERAGE LENGTH OF STAY	3.9	4.0	0.0	1%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$65,316,409	\$46,982,949	(\$18,333,460)	-28%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$28,858,599	\$25,624,016	(\$3,234,583)	-11%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.18%	54.54%	10.36%	23%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	270.08%	275.78%	5.70%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,600.22177	3,152.16602	(448.05575)	-12%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,015.78	\$8,129.02	\$113.23	1%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,222.62)	(\$1,553.06)	\$669.56	-30%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$8,001,913)	(\$4,895,502)	\$3,106,410	-39%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$89,500,134	\$64,019,333	(\$25,480,801)	-28%
22	TOTAL ACCRUED PAYMENTS	\$37,610,322	\$34,911,509	(\$2,698,813)	-7%
23	TOTAL ALLOWANCES	\$51,889,812	\$29,107,824	(\$22,781,988)	-44%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$8,203,346)	(\$5,920,921)	\$2,282,425	-28%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$82,051,367	\$64,018,828	(\$18,032,539)	-22%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$36,791,779	\$35,208,809	(\$1,582,970)	-4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$45,259,588	\$28,810,019	(\$16,449,569)	-36%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.16%	45.00%	-10.16%	

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LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,666,773	\$734,342	(\$1,932,431)	-72%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$26,382	\$62,740	\$36,358	138%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.99%	8.54%	7.55%	764%
4	DISCHARGES	114	46	(68)	-60%
5	CASE MIX INDEX (CMI)	1.12980	0.92270	(0.20710)	-18%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	128.79720	42.44420	(86.35300)	-67%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$204.83	\$1,478.18	\$1,273.34	622%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,210.48	\$5,480.41	(\$730.07)	-12%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,062.82	\$4,712.12	(\$1,350.70)	-22%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$780,875	\$200,002	(\$580,872)	-74%
11	PATIENT DAYS	638	177	(461)	-72%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$41.35	\$354.46	\$313.11	757%
13	AVERAGE LENGTH OF STAY	5.6	3.8	(1.7)	-31%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,781,994	\$2,311,753	(\$2,470,241)	-52%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$792,161	\$158,606	(\$633,555)	-80%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.57%	6.86%	-9.70%	-59%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	179.32%	314.81%	135.49%	76%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	204.42209	144.81078	(59.61131)	-29%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,875.12	\$1,095.26	(\$2,779.86)	-72%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,140.66	\$7,033.75	\$2,893.10	70%
21	MEDICARE - UNINSURED OP PMT / OPED	\$1,918.04	\$5,480.69	\$3,562.65	186%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$392,090	\$793,664	\$401,573	102%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$7,448,767	\$3,046,095	(\$4,402,672)	-59%
24	TOTAL ACCRUED PAYMENTS	\$818,543	\$221,346	(\$597,197)	-73%
25	TOTAL ALLOWANCES	\$6,630,224	\$2,824,749	(\$3,805,475)	-57%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,172,965	\$993,666	(\$179,299)	-15%

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LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$5,308,622	\$6,757,493	\$1,448,871	27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,393,883	\$2,056,980	\$663,097	48%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.26%	30.44%	4.18%	16%
4	DISCHARGES	404	509	105	26%
5	CASE MIX INDEX (CMI)	0.92720	0.85540	(0.07180)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	374.58880	435.39860	60.80980	16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,721.10	\$4,724.36	\$1,003.26	27%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,694.21	\$2,234.23	(\$459.99)	-17%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,546.56	\$1,465.94	(\$1,080.62)	-42%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$953,911	\$638,267	(\$315,644)	-33%
11	PATIENT DAYS	1,718	2,146	428	25%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$811.34	\$958.52	\$147.18	18%
13	AVERAGE LENGTH OF STAY	4.3	4.2	(0.0)	-1%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$9,428,967	\$8,967,980	(\$460,987)	-5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,176,516	\$2,213,768	\$37,252	2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.08%	24.69%	1.60%	7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	177.62%	132.71%	-44.90%	-25%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	717.56902	675.50226	(42.06675)	-6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,033.18	\$3,277.22	\$244.04	8%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,982.60	\$4,851.80	(\$130.80)	-3%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,759.99	\$3,298.74	\$538.75	20%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,980,481	\$2,228,307	\$247,826	13%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$14,737,589	\$15,725,473	\$987,884	7%
24	TOTAL ACCRUED PAYMENTS	\$3,570,399	\$4,270,748	\$700,349	20%
25	TOTAL ALLOWANCES	\$11,167,190	\$11,454,725	\$287,535	3%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,934,393	\$2,866,574	(\$67,818)	-2%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,304,309	\$712,436	(\$591,873)	-45%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$148,039	\$147,934	(\$105)	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	11.35%	20.76%	9.41%	83%
4	DISCHARGES	52	32	(20)	-38%
5	CASE MIX INDEX (CMI)	1.23791	1.04690	(0.19101)	-15%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	64.37132	33.50080	(30.87052)	-48%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,299.77	\$4,415.83	\$2,116.07	92%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$4,115.55	\$2,542.75	(\$1,572.80)	-38%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,967.89	\$1,774.46	(\$2,193.43)	-55%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$255,418	\$59,446	(\$195,972)	-77%
11	PATIENT DAYS	335	202	(133)	-40%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$441.91	\$732.35	\$290.44	66%
13	AVERAGE LENGTH OF STAY	6.4	6.3	(0.1)	-2%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,642,756	\$996,601	(\$646,155)	-39%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$114,993	\$176,544	\$61,551	54%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	7.00%	17.71%	10.71%	153%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	125.95%	139.89%	13.94%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	65.49316	44.76364	(20.72951)	-32%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,755.80	\$3,943.91	\$2,188.11	125%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$6,259.98	\$4,185.10	(\$2,074.88)	-33%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,037.37	\$2,632.04	(\$1,405.32)	-35%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$264,420	\$117,820	(\$146,600)	-55%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$2,947,065	\$1,709,037	(\$1,238,028)	-42%
24	TOTAL ACCRUED PAYMENTS	\$263,032	\$324,478	\$61,446	23%
25	TOTAL ALLOWANCES	\$2,684,033	\$1,384,559	(\$1,299,474)	-48%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$519,838	\$177,266	(\$342,572)	-66%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$6,612,931	\$7,469,929	\$856,998	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,541,922	\$2,204,914	\$662,992	43%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.32%	29.52%	6.20%	27%
4	DISCHARGES	456	541	85	19%
5	CASE MIX INDEX (CMI)	0.96263	0.86673	(0.09590)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	438.96012	468.89940	29.93928	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,512.67	\$4,702.32	\$1,189.65	34%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,902.65	\$2,256.27	(\$646.38)	-22%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,754.99	\$1,487.98	(\$1,267.01)	-46%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,209,330	\$697,713	(\$511,616)	-42%
11	PATIENT DAYS	2,053	2,348	295	14%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$751.06	\$939.06	\$188.00	25%
13	AVERAGE LENGTH OF STAY	4.5	4.3	(0.2)	-4%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$11,071,723	\$9,964,581	(\$1,107,142)	-10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,291,509	\$2,390,312	\$98,803	4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.70%	23.99%	3.29%	16%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	167.43%	133.40%	-34.03%	-20%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	783.06217	720.26591	(62.79626)	-8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,926.34	\$3,318.65	\$392.31	13%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,089.44	\$4,810.37	(\$279.07)	-5%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,866.82	\$3,257.31	\$390.48	14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,244,901	\$2,346,127	\$101,226	5%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$17,684,654	\$17,434,510	(\$250,144)	-1%
24	TOTAL ACCRUED PAYMENTS	\$3,833,431	\$4,595,226	\$761,795	20%
25	TOTAL ALLOWANCES	\$13,851,223	\$12,839,284	(\$1,011,939)	-7%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$423,693	\$253,020	(\$170,673)	-40%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$39,949	\$96,517	\$56,568	142%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	9.43%	38.15%	28.72%	305%
4	DISCHARGES	22	20	(2)	-9%
5	CASE MIX INDEX (CMI)	1.17570	0.79500	(0.38070)	-32%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	25,86540	15,90000	(9,96540)	-39%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,544.50	\$6,070.25	\$4,525.76	293%
8	PATIENT DAYS	101	79	(22)	-22%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$395.53	\$1,221.73	\$826.20	209%
10	AVERAGE LENGTH OF STAY	4.6	4.0	(0.6)	-14%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$652,602	\$509,289	(\$143,313)	-22%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$113,167	\$215,804	\$102,637	91%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,076,295	\$762,309	(\$313,986)	-29%
14	TOTAL ACCRUED PAYMENTS	\$153,116	\$312,321	\$159,205	104%
15	TOTAL ALLOWANCES	\$923,179	\$449,988	(\$473,191)	-51%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$951,983	\$571,177	(\$380,806)	-40%
2	TOTAL OPERATING EXPENSES	\$69,149,506	\$67,684,735	(\$1,464,771)	-2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$559,676	\$280,655	(\$279,021)	-50%
5	BAD DEBTS (CHARGES)	\$7,812,094	\$2,544,094	(\$5,268,000)	-67%
6	UNCOMPENSATED CARE (CHARGES)	\$8,371,770	\$2,824,749	(\$5,547,021)	-66%
7	COST OF UNCOMPENSATED CARE	\$2,638,963	\$1,097,379	(\$1,541,583)	-58%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$17,684,654	\$17,434,510	(\$250,144)	-1%
9	TOTAL ACCRUED PAYMENTS	\$3,833,431	\$4,595,226	\$761,795	20%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$5,574,585	\$6,773,086	\$1,198,501	21%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,741,154	\$2,177,860	\$436,706	25%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$83,077,033	\$67,574,808	(\$15,502,225)	-19%
2	TOTAL INPATIENT PAYMENTS	\$24,972,233	\$26,092,893	\$1,120,660	4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	30.06%	38.61%	8.55%	28%
4	TOTAL DISCHARGES	3,618	3,437	(181)	-5%
5	TOTAL CASE MIX INDEX	1.15108	1.21108	0.06001	5%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,164.60136	4,162.49650	(2.10486)	0%
7	TOTAL OUTPATIENT CHARGES	\$112,517,502	\$83,805,059	(\$28,712,443)	-26%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	135.44%	124.02%	-11.42%	-8%
9	TOTAL OUTPATIENT PAYMENTS	\$38,424,932	\$35,243,207	(\$3,181,725)	-8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.15%	42.05%	7.90%	23%
11	TOTAL CHARGES	\$195,594,535	\$151,379,867	(\$44,214,668)	-23%
12	TOTAL PAYMENTS	\$63,397,165	\$61,336,100	(\$2,061,065)	-3%
13	TOTAL PAYMENTS / TOTAL CHARGES	32.41%	40.52%	8.11%	25%
14	PATIENT DAYS	17,998	17,737	(261)	-1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$58,893,308	\$50,538,424	(\$8,354,884)	-14%
2	INPATIENT PAYMENTS	\$16,220,510	\$16,805,400	\$584,890	4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	27.54%	33.25%	5.71%	21%
4	DISCHARGES	2,285	2,294	9	0%
5	CASE MIX INDEX	1.22556	1.23270	0.00714	1%
6	CASE MIX ADJUSTED DISCHARGES	2,800.40916	2,827.81540	27.40624	1%
7	OUTPATIENT CHARGES	\$47,201,093	\$36,822,110	(\$10,378,983)	-22%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	80.15%	72.86%	-7.29%	-9%
9	OUTPATIENT PAYMENTS	\$9,566,333	\$9,619,191	\$52,858	1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.27%	26.12%	5.86%	29%
11	TOTAL CHARGES	\$106,094,401	\$87,360,534	(\$18,733,867)	-18%
12	TOTAL PAYMENTS	\$25,786,843	\$26,424,591	\$637,748	2%
13	TOTAL PAYMENTS / CHARGES	24.31%	30.25%	5.94%	24%
14	PATIENT DAYS	12,777	13,210	433	3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$80,307,558	\$60,935,943	(\$19,371,615)	-24%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.9	6.2	0.3	6%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	4.0	0.0	1%
3	UNINSURED	5.6	3.8	(1.7)	-31%
4	MEDICAID	4.3	4.2	(0.0)	-1%
5	OTHER MEDICAL ASSISTANCE	6.4	6.3	(0.1)	-2%
6	CHAMPUS / TRICARE	4.6	4.0	(0.6)	-14%
7	TOTAL AVERAGE LENGTH OF STAY	5.0	5.2	0.2	4%

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TWELVE MONTHS ACTUAL FILING
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**REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS**

LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$195,594,535	\$151,379,867	(\$44,214,668)	-23%
2	TOTAL GOVERNMENT DEDUCTIONS	\$80,307,558	\$60,935,943	(\$19,371,615)	-24%
3	UNCOMPENSATED CARE	\$8,371,770	\$2,824,749	(\$5,547,021)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$45,259,588	\$28,810,019	(\$16,449,569)	-36%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$133,938,916	\$92,570,711	(\$41,368,205)	-31%
7	TOTAL ACCRUED PAYMENTS	\$61,655,619	\$58,809,156	(\$2,846,463)	-5%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$61,655,619	\$58,809,156	(\$2,846,463)	-5%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3152215833	0.3884873013	0.0732657180	23%
11	COST OF UNCOMPENSATED CARE	\$2,638,963	\$1,097,379	(\$1,541,583)	-58%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,741,154	\$2,177,860	\$436,706	25%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	(\$4,380,116)	\$0	\$4,380,116	-100%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$0	\$3,275,239	\$3,275,239	1440213797%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$1,980,481	\$2,228,307	\$247,826	13%
2	OTHER MEDICAL ASSISTANCE	\$519,838	\$177,266	(\$342,572)	-66%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,172,965	\$993,666	(\$179,299)	-15%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,673,285	\$3,399,239	(\$274,046)	-7%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0	0.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$63,397,165	\$61,336,304	(\$2,060,861)	-3.25%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$195,594,535	\$151,379,874	(\$44,214,661)	-22.61%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$8,371,770	\$2,824,952	(\$5,546,818)	-66.26%

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,183,725	\$17,036,384	(\$7,147,341)
2	MEDICARE	\$51,856,684	42,815,475	(\$9,041,209)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,612,931	7,469,929	\$856,998
4	MEDICAID	\$5,308,622	6,757,493	\$1,448,871
5	OTHER MEDICAL ASSISTANCE	\$1,304,309	712,436	(\$591,873)
6	CHAMPUS / TRICARE	\$423,693	253,020	(\$170,673)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,666,773	734,342	(\$1,932,431)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$58,893,308	\$50,538,424	(\$8,354,884)
	TOTAL INPATIENT CHARGES	\$83,077,033	\$67,574,808	(\$15,502,225)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$65,316,409	\$46,982,949	(\$18,333,460)
2	MEDICARE	\$35,476,768	26,348,240	(\$9,128,528)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,071,723	9,964,581	(\$1,107,142)
4	MEDICAID	\$9,428,967	8,967,980	(\$460,987)
5	OTHER MEDICAL ASSISTANCE	\$1,642,756	996,601	(\$646,155)
6	CHAMPUS / TRICARE	\$652,602	509,289	(\$143,313)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,781,994	2,311,753	(\$2,470,241)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$47,201,093	\$36,822,110	(\$10,378,983)
	TOTAL OUTPATIENT CHARGES	\$112,517,502	\$83,805,059	(\$28,712,443)
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$89,500,134	\$64,019,333	(\$25,480,801)
2	TOTAL MEDICARE	\$87,333,452	\$69,163,715	(\$18,169,737)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,684,654	\$17,434,510	(\$250,144)
4	TOTAL MEDICAID	\$14,737,589	\$15,725,473	\$987,884
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,947,065	\$1,709,037	(\$1,238,028)
6	TOTAL CHAMPUS / TRICARE	\$1,076,295	\$762,309	(\$313,986)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,448,767	\$3,046,095	(\$4,402,672)
	TOTAL GOVERNMENT CHARGES	\$106,094,401	\$87,360,534	(\$18,733,867)
	TOTAL CHARGES	\$195,594,535	\$151,379,867	(\$44,214,668)
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,751,723	\$9,287,493	\$535,770
2	MEDICARE	\$14,638,639	14,503,969	(\$134,670)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,541,922	2,204,914	\$662,992
4	MEDICAID	\$1,393,883	2,056,980	\$663,097
5	OTHER MEDICAL ASSISTANCE	\$148,039	147,934	(\$105)
6	CHAMPUS / TRICARE	\$39,949	96,517	\$56,568
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$26,382	62,740	\$36,358
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$16,220,510	\$16,805,400	\$584,890
	TOTAL INPATIENT PAYMENTS	\$24,972,233	\$26,092,893	\$1,120,660
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$28,858,599	\$25,624,016	(\$3,234,583)
2	MEDICARE	\$7,161,657	7,013,075	(\$148,582)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,291,509	2,390,312	\$98,803
4	MEDICAID	\$2,176,516	2,213,768	\$37,252
5	OTHER MEDICAL ASSISTANCE	\$114,993	176,544	\$61,551
6	CHAMPUS / TRICARE	\$113,167	215,804	\$102,637
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$792,161	158,606	(\$633,555)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$9,566,333	\$9,619,191	\$52,858
	TOTAL OUTPATIENT PAYMENTS	\$38,424,932	\$35,243,207	(\$3,181,725)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$37,610,322	\$34,911,509	(\$2,698,813)
2	TOTAL MEDICARE	\$21,800,296	\$21,517,044	(\$283,252)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,833,431	\$4,595,226	\$761,795
4	TOTAL MEDICAID	\$3,570,399	\$4,270,748	\$700,349
5	TOTAL OTHER MEDICAL ASSISTANCE	\$263,032	\$324,478	\$61,446
6	TOTAL CHAMPUS / TRICARE	\$153,116	\$312,321	\$159,205
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$818,543	\$221,346	(\$597,197)
	TOTAL GOVERNMENT PAYMENTS	\$25,786,843	\$26,424,591	\$637,748
	TOTAL PAYMENTS	\$63,397,165	\$61,336,100	(\$2,061,065)

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.36%	11.25%	-1.11%
2	MEDICARE	26.51%	28.28%	1.77%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.38%	4.93%	1.55%
4	MEDICAID	2.71%	4.46%	1.75%
5	OTHER MEDICAL ASSISTANCE	0.67%	0.47%	-0.20%
6	CHAMPUS / TRICARE	0.22%	0.17%	-0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.36%	0.49%	-0.88%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.11%	33.39%	3.28%
	TOTAL INPATIENT PAYER MIX	42.47%	44.64%	2.17%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.39%	31.04%	-2.36%
2	MEDICARE	18.14%	17.41%	-0.73%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.66%	6.58%	0.92%
4	MEDICAID	4.82%	5.92%	1.10%
5	OTHER MEDICAL ASSISTANCE	0.84%	0.66%	-0.18%
6	CHAMPUS / TRICARE	0.33%	0.34%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.44%	1.53%	-0.92%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	24.13%	24.32%	0.19%
	TOTAL OUTPATIENT PAYER MIX	57.53%	55.36%	-2.17%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13.80%	15.14%	1.34%
2	MEDICARE	23.09%	23.65%	0.56%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.43%	3.59%	1.16%
4	MEDICAID	2.20%	3.35%	1.15%
5	OTHER MEDICAL ASSISTANCE	0.23%	0.24%	0.01%
6	CHAMPUS / TRICARE	0.06%	0.16%	0.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.04%	0.10%	0.06%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	25.59%	27.40%	1.81%
	TOTAL INPATIENT PAYER MIX	39.39%	42.54%	3.15%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.52%	41.78%	-3.74%
2	MEDICARE	11.30%	11.43%	0.14%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.61%	3.90%	0.28%
4	MEDICAID	3.43%	3.61%	0.18%
5	OTHER MEDICAL ASSISTANCE	0.18%	0.29%	0.11%
6	CHAMPUS / TRICARE	0.18%	0.35%	0.17%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.25%	0.26%	-0.99%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	15.09%	15.68%	0.59%
	TOTAL OUTPATIENT PAYER MIX	60.61%	57.46%	-3.15%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

JOHNSON MEMORIAL HOSPITAL				
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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,333	1,143	(190)
2	MEDICARE	1,807	1,733	(74)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	456	541	85
4	MEDICAID	404	509	105
5	OTHER MEDICAL ASSISTANCE	52	32	(20)
6	CHAMPUS / TRICARE	22	20	(2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	114	46	(68)
	TOTAL GOVERNMENT DISCHARGES	2,285	2,294	9
	TOTAL DISCHARGES	3,618	3,437	(181)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,221	4,527	(694)
2	MEDICARE	10,623	10,783	160
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,053	2,348	295
4	MEDICAID	1,718	2,146	428
5	OTHER MEDICAL ASSISTANCE	335	202	(133)
6	CHAMPUS / TRICARE	101	79	(22)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	638	177	(461)
	TOTAL GOVERNMENT PATIENT DAYS	12,777	13,210	433
	TOTAL PATIENT DAYS	17,998	17,737	(261)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	4.0	0.0
2	MEDICARE	5.9	6.2	0.3
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.5	4.3	(0.2)
4	MEDICAID	4.3	4.2	(0.0)
5	OTHER MEDICAL ASSISTANCE	6.4	6.3	(0.1)
6	CHAMPUS / TRICARE	4.6	4.0	(0.6)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.6	3.8	(1.7)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.6	5.8	0.2
	TOTAL AVERAGE LENGTH OF STAY	5.0	5.2	0.2
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.02340	1.16770	0.14430
2	MEDICARE	1.29252	1.35200	0.05948
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96263	0.86673	(0.09590)
4	MEDICAID	0.92720	0.85540	(0.07180)
5	OTHER MEDICAL ASSISTANCE	1.23791	1.04690	(0.19101)
6	CHAMPUS / TRICARE	1.17570	0.79500	(0.38070)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.12980	0.92270	(0.20710)
	TOTAL GOVERNMENT CASE MIX INDEX	1.22556	1.23270	0.00714
	TOTAL CASE MIX INDEX	1.15108	1.21108	0.06001
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$82,051,367	\$64,018,828	(\$18,032,539)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,791,779	\$35,208,809	(\$1,582,970)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$45,259,588	\$28,810,019	(\$16,449,569)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.16%	45.00%	-10.16%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$559,676	\$280,655	(\$279,021)
9	BAD DEBTS	\$7,812,094	\$2,544,094	(\$5,268,000)
10	TOTAL UNCOMPENSATED CARE	\$8,371,770	\$2,824,749	(\$5,547,021)
11	TOTAL OTHER OPERATING REVENUE	\$82,051,367	\$64,018,828	(\$18,032,539)
12	TOTAL OPERATING EXPENSES	\$69,149,506	\$67,684,735	(\$1,464,771)

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,364.19220	1,334.68110	(29.51110)
2	MEDICARE	2,335.58364	2,343.01600	7.43236
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	438.96012	468.89940	29.93928
4	MEDICAID	374.58880	435.39860	60.80980
5	OTHER MEDICAL ASSISTANCE	64.37132	33.50080	(30.87052)
6	CHAMPUS / TRICARE	25.86540	15.90000	(9.96540)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	128.79720	42.44420	(86.35300)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	2,800.40916	2,827.81540	27.40624
	TOTAL CASE MIX ADJUSTED DISCHARGES	4,164.60136	4,162.49650	(2.10486)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,600.22177	3,152.16602	-448.05575
2	MEDICARE	1,236.22482	1,066.47188	-169.75294
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	783.06217	720.26591	-62.79626
4	MEDICAID	717.56902	675.50226	-42.06675
5	OTHER MEDICAL ASSISTANCE	65.49316	44.76364	-20.72951
6	CHAMPUS / TRICARE	33.88596	40.25682	6.37086
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	204.42209	144.81078	-59.61131
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	2,053.17295	1,826.99460	-226.17835
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	5,653.39472	4,979.16062	-674.23410
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,415.32	\$6,958.59	\$543.27
2	MEDICARE	\$6,267.66	\$6,190.30	(\$77.36)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,512.67	\$4,702.32	\$1,189.65
4	MEDICAID	\$3,721.10	\$4,724.36	\$1,003.26
5	OTHER MEDICAL ASSISTANCE	\$2,299.77	\$4,415.83	\$2,116.07
6	CHAMPUS / TRICARE	\$1,544.50	\$6,070.25	\$4,525.76
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$204.83	\$1,478.18	\$1,273.34
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$5,792.19	\$5,942.89	\$150.70
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$5,996.31	\$6,268.57	\$272.26
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,015.78	\$8,129.02	\$113.23
2	MEDICARE	\$5,793.17	\$6,575.96	\$782.79
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,926.34	\$3,318.65	\$392.31
4	MEDICAID	\$3,033.18	\$3,277.22	\$244.04
5	OTHER MEDICAL ASSISTANCE	\$1,755.80	\$3,943.91	\$2,188.11
6	CHAMPUS / TRICARE	\$3,339.64	\$5,360.68	\$2,021.04
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,875.12	\$1,095.26	(\$2,779.86)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,659.29	\$5,265.04	\$605.74
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,796.79	\$7,078.14	\$281.35

JOHNSON MEMORIAL HOSPITAL				
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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE DESCRIPTION		ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$1,980,481	\$2,228,307	\$247,826
2	OTHER MEDICAL ASSISTANCE	\$519,838	\$177,266	(\$342,572)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,172,965	\$993,666	(\$179,299)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,673,285	\$3,399,239	(\$274,046)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$195,594,535	\$151,379,867	(\$44,214,668)
2	TOTAL GOVERNMENT DEDUCTIONS	\$80,307,558	\$60,935,943	(\$19,371,615)
3	UNCOMPENSATED CARE	\$8,371,770	\$2,824,749	(\$5,547,021)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$45,259,588	\$28,810,019	(\$16,449,569)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$133,938,916	\$92,570,711	(\$41,368,205)
7	TOTAL ACCRUED PAYMENTS	\$61,655,619	\$58,809,156	(\$2,846,463)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$61,655,619	\$58,809,156	(\$2,846,463)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3152215833	0.3884873013	0.0732657180
11	COST OF UNCOMPENSATED CARE	\$2,638,963	\$1,097,379	(\$1,541,583)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$1,741,154	\$2,177,860	\$436,706
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	(\$4,380,116)	\$0	\$4,380,116
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$0	\$3,275,239	\$3,275,239
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.19%	54.52%	18.33%
2	MEDICARE	28.23%	33.88%	5.65%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.32%	29.52%	6.20%
4	MEDICAID	26.26%	30.44%	4.18%
5	OTHER MEDICAL ASSISTANCE	11.35%	20.76%	9.41%
6	CHAMPUS / TRICARE	9.43%	38.15%	28.72%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.99%	8.54%	7.55%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	27.54%	33.25%	5.71%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	30.06%	38.61%	8.55%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	44.18%	54.54%	10.36%
2	MEDICARE	20.19%	26.62%	6.43%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.70%	23.99%	3.29%
4	MEDICAID	23.08%	24.69%	1.60%
5	OTHER MEDICAL ASSISTANCE	7.00%	17.71%	10.71%
6	CHAMPUS / TRICARE	17.34%	42.37%	25.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16.57%	6.86%	-9.70%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	20.27%	26.12%	5.86%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	34.15%	42.05%	7.90%

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$63,397,165	\$61,336,100	(\$2,061,065)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$63,397,165	\$61,336,100	(\$2,061,065)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0
4	CALCULATED NET REVENUE	\$63,397,165	\$61,336,100	(\$2,061,065)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$63,397,165	\$61,336,304	(\$2,060,861)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$204)	(\$204)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$195,594,535	\$151,379,867	(\$44,214,668)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$195,594,535	\$151,379,867	(\$44,214,668)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$195,594,535	\$151,379,874	(\$44,214,661)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$7)	(\$7)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,371,770	\$2,824,749	(\$5,547,021)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,371,770	\$2,824,749	(\$5,547,021)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,371,770	\$2,824,952	(\$5,546,818)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$203)	(\$203)

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,036,384
2	MEDICARE	42,815,475
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,469,929
4	MEDICAID	6,757,493
5	OTHER MEDICAL ASSISTANCE	712,436
6	CHAMPUS / TRICARE	253,020
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	734,342
	TOTAL INPATIENT GOVERNMENT CHARGES	\$50,538,424
	TOTAL INPATIENT CHARGES	\$67,574,808
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,982,949
2	MEDICARE	26,348,240
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,964,581
4	MEDICAID	8,967,980
5	OTHER MEDICAL ASSISTANCE	996,601
6	CHAMPUS / TRICARE	509,289
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,311,753
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$36,822,110
	TOTAL OUTPATIENT CHARGES	\$83,805,059
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$64,019,333
2	TOTAL GOVERNMENT ACCRUED CHARGES	87,360,534
	TOTAL ACCRUED CHARGES	\$151,379,867
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,287,493
2	MEDICARE	14,503,969
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,204,914
4	MEDICAID	2,056,980
5	OTHER MEDICAL ASSISTANCE	147,934
6	CHAMPUS / TRICARE	96,517
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	62,740
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$16,805,400
	TOTAL INPATIENT PAYMENTS	\$26,092,893
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$25,624,016
2	MEDICARE	7,013,075
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,390,312
4	MEDICAID	2,213,768
5	OTHER MEDICAL ASSISTANCE	176,544
6	CHAMPUS / TRICARE	215,804
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	158,606
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$9,619,191
	TOTAL OUTPATIENT PAYMENTS	\$35,243,207
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$34,911,509
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	26,424,591
	TOTAL ACCRUED PAYMENTS	\$61,336,100

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,143
2	MEDICARE	1,733
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	541
4	MEDICAID	509
5	OTHER MEDICAL ASSISTANCE	32
6	CHAMPUS / TRICARE	20
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	46
	TOTAL GOVERNMENT DISCHARGES	2,294
	TOTAL DISCHARGES	3,437
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.16770
2	MEDICARE	1.35200
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.86673
4	MEDICAID	0.85540
5	OTHER MEDICAL ASSISTANCE	1.04690
6	CHAMPUS / TRICARE	0.79500
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.92270
	TOTAL GOVERNMENT CASE MIX INDEX	1.23270
	TOTAL CASE MIX INDEX	1.21108
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$64,018,828
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$35,208,809
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$28,810,019
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.00%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$280,655
9	BAD DEBTS	\$2,544,094
10	TOTAL UNCOMPENSATED CARE	\$2,824,749
11	TOTAL OTHER OPERATING REVENUE	\$571,177
12	TOTAL OPERATING EXPENSES	\$67,684,735

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$61,336,100
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$61,336,100
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0
	CALCULATED NET REVENUE	\$61,336,100
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$61,336,304
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$204)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$151,379,867
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$151,379,867
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$151,379,874
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$7)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,824,749
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,824,749
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$2,824,952
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$203)

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	256	229	(27)	-11%
2	Number of Approved Applicants	215	209	(6)	-3%
3	Total Charges (A)	\$559,676	\$280,655	(\$279,021)	-50%
4	Average Charges	\$2,603	\$1,343	(\$1,260)	-48%
5	Ratio of Cost to Charges (RCC)	0.319543	0.351823	0.032280	10%
6	Total Cost	\$178,841	\$98,741	(\$80,100)	-45%
7	Average Cost	\$832	\$472	(\$359)	-43%
8	Charity Care - Inpatient Charges	\$351,141	\$122,446	(\$228,695)	-65%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	158,840	91,010	(67,830)	-43%
10	Charity Care - Emergency Department Charges	49,695	67,199	17,504	35%
11	Total Charges (A)	\$559,676	\$280,655	(\$279,021)	-50%
12	Charity Care - Number of Patient Days	67	25	(42)	-63%
13	Charity Care - Number of Discharges	34	12	(22)	-65%
14	Charity Care - Number of Outpatient ED Visits	99	94	(5)	-5%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	76	57	(19)	-25%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$1,517,208	\$1,135,684	(\$381,524)	-25%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,510,550	205,054	(1,305,496)	-86%
3	Bad Debts - Emergency Department	4,784,336	1,203,356	(3,580,980)	-75%
4	Total Bad Debts (A)	\$7,812,094	\$2,544,094	(\$5,268,000)	-67%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$559,676	\$280,655	(\$279,021)	-50%
2	Bad Debts (A)	7,812,094	2,544,094	(5,268,000)	-67%
3	Total Uncompensated Care (A)	\$8,371,770	\$2,824,749	(\$5,547,021)	-66%
4	Uncompensated Care - Inpatient Services	\$1,868,349	\$1,258,130	(\$610,219)	-33%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,669,390	296,064	(1,373,326)	-82%
6	Uncompensated Care - Emergency Department	4,834,031	1,270,555	(3,563,476)	-74%
7	Total Uncompensated Care (A)	\$8,371,770	\$2,824,749	(\$5,547,021)	-66%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$82,051,367	\$64,018,828	(\$18,032,539)	-22%
2	Total Contractual Allowances	\$45,259,588	\$28,810,019	(\$16,449,569)	-36%
	Total Accrued Payments (A)	\$36,791,779	\$35,208,809	(\$1,582,970)	-4%
	Total Discount Percentage	55.16%	45.00%	-10.16%	-18%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$100,081,615	\$83,077,033	\$67,574,808
2	Outpatient Gross Revenue	\$136,523,764	\$112,517,502	\$83,805,059
3	Total Gross Patient Revenue	\$236,605,379	\$195,594,535	\$151,379,867
4	Net Patient Revenue	\$71,034,672	\$62,785,887	\$61,336,304
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$75,843,310	\$66,396,980	\$67,684,735
C. <u>Utilization Statistics</u>				
1	Patient Days	21,656	17,998	17,737
2	Discharges	4,087	3,618	3,437
3	Average Length of Stay	5.3	5.0	5.2
4	Equivalent (Adjusted) Patient Days (EPD)	51,197	42,374	39,734
0	Equivalent (Adjusted) Discharges (ED)	9,662	8,518	7,700
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.10189	1.15108	1.21108
2	Case Mix Adjusted Patient Days (CMAPD)	23,863	20,717	21,481
3	Case Mix Adjusted Discharges (CMAD)	4,503	4,165	4,162
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	56,414	48,776	48,121
5	Case Mix Adjusted Equivalent Discharges (CMAED)	10,647	9,805	9,325
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$10,926	\$10,868	\$8,535
2	Total Gross Revenue per Discharge	\$57,892	\$54,062	\$44,044
3	Total Gross Revenue per EPD	\$4,621	\$4,616	\$3,810
4	Total Gross Revenue per ED	\$24,488	\$22,962	\$19,661
5	Total Gross Revenue per CMAEPD	\$4,194	\$4,010	\$3,146
6	Total Gross Revenue per CMAED	\$22,223	\$19,948	\$16,234
7	Inpatient Gross Revenue per EPD	\$1,955	\$1,961	\$1,701
8	Inpatient Gross Revenue per ED	\$10,358	\$9,753	\$8,777

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,280	\$3,488	\$3,458
2	Net Patient Revenue per Discharge	\$17,381	\$17,354	\$17,846
3	Net Patient Revenue per EPD	\$1,387	\$1,482	\$1,544
4	Net Patient Revenue per ED	\$7,352	\$7,371	\$7,966
5	Net Patient Revenue per CMAEPD	\$1,259	\$1,287	\$1,275
6	Net Patient Revenue per CMAED	\$6,672	\$6,403	\$6,578
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,502	\$3,689	\$3,816
2	Total Operating Expense per Discharge	\$18,557	\$18,352	\$19,693
3	Total Operating Expense per EPD	\$1,481	\$1,567	\$1,703
4	Total Operating Expense per ED	\$7,850	\$7,795	\$8,791
5	Total Operating Expense per CMAEPD	\$1,344	\$1,361	\$1,407
6	Total Operating Expense per CMAED	\$7,124	\$6,772	\$7,259
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$10,310,688	\$9,164,680	\$10,037,829
2	Nursing Fringe Benefits Expense	\$2,483,912	\$2,424,561	\$3,137,311
3	Total Nursing Salary and Fringe Benefits Expense	\$12,794,600	\$11,589,241	\$13,175,140
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$2,409,938	\$2,541,554	\$692,376
2	Physician Fringe Benefits Expense	\$580,570	\$672,381	\$216,401
3	Total Physician Salary and Fringe Benefits Expense	\$2,990,508	\$3,213,935	\$908,777
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$17,101,496	\$15,030,923	\$15,934,731
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$4,119,862	\$3,931,568	\$5,033,765
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$21,221,358	\$18,962,491	\$20,968,496
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$29,822,122	\$26,737,157	\$26,664,936
2	Total Fringe Benefits Expense	\$7,184,344	\$7,028,510	\$8,387,477
3	Total Salary and Fringe Benefits Expense	\$37,006,466	\$33,765,667	\$35,052,413

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	132.3	119.0	125.4
2	Total Physician FTEs	10.4	11.3	5.9
3	Total Non-Nursing, Non-Physician FTEs	409.9	338.9	344.4
4	Total Full Time Equivalent Employees (FTEs)	552.6	469.2	475.7
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$77,934	\$77,014	\$80,046
2	Nursing Fringe Benefits Expense per FTE	\$18,775	\$20,374	\$25,018
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$96,709	\$97,389	\$105,065
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$231,725	\$224,916	\$117,352
2	Physician Fringe Benefits Expense per FTE	\$55,824	\$59,503	\$36,678
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$287,549	\$284,419	\$154,030
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$41,721	\$44,352	\$46,268
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$10,051	\$11,601	\$14,616
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$51,772	\$55,953	\$60,884
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$53,967	\$56,985	\$56,054
2	Total Fringe Benefits Expense per FTE	\$13,001	\$14,980	\$17,632
3	Total Salary and Fringe Benefits Expense per FTE	\$66,968	\$71,964	\$73,686
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,709	\$1,876	\$1,976
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,055	\$9,333	\$10,199
3	Total Salary and Fringe Benefits Expense per EPD	\$723	\$797	\$882
4	Total Salary and Fringe Benefits Expense per ED	\$3,830	\$3,964	\$4,553
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$656	\$692	\$728
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,476	\$3,444	\$3,759